

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05966** (9)

1. Corporation Name
GLENEAGLES COUNTRY CLUB, INC.



Principal Place of Business: 7667 VICTORY LANE DELRAY BEACH FL 33446
Mailing Address: 7667 VICTORY LANE DELRAY BEACH FL 33446

3. Date Incorporated or Qualified: 11/01/1984
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business: 21 Same as above
2a. Mailing Address: 26 Same as above

4. FEI Number: 59-2465667
Applied For: Not Applicable

22 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

HANDLER, ESQ., HENRY B.
WEISS & HANDLER, PA
1499 W. PALMETTO PARK ROAD, SUITE 320
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: Same - No change
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHULBAUM, ROBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 VICTORY LANE	1.2 NAME	Same as before
STREET ADDRESS	DELRAY BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MADONICK, CARL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 VICTORY LANE	2.2 NAME	Phillip Rauch
STREET ADDRESS	DELRAY BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S BRAMBERG, WILLIAM	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 VICTORY LANE	3.2 NAME	Laura Polan
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD LITMAN, IRWIN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 VICTORY LANE	4.2 NAME	Same as before
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPD ELLIS, NORMAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7667 VICTORY LANE	5.2 NAME	Frank Calzaretta
STREET ADDRESS	DELRAY BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 3-11-96 407 498-3606
Date: Day/Time Phone #

CR2E037 (12/95)